

## INVITATION TO BID

**SOLICITATION TITLE:** 7549482  
**SOLICITATION NUMBER:** Nursing Services, Dept. of Corrections  
**BID PROPOSAL SUBMISSION DEADLINE:** May 15, 2015 at 11:30 AM

### PREBID CONFERENCE

- ☐ NONMANDATORY
- ☐ **MANDATORY** —————> Bidder must attend the mandatory prebid conference. The bidder's representative must register with the Division of Purchases at the mandatory prebid conference and identify the bidder he or she represents.

Location:

Date:

Time: NOT APPLICABLE Choose an item.

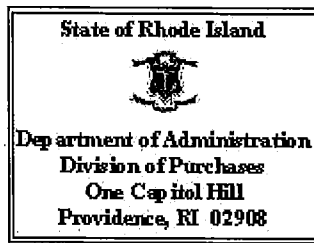
**QUESTIONS** about this solicitation must be emailed and received by the Division of Purchases at [john.ohara@purchasing.ri.gov](mailto:john.ohara@purchasing.ri.gov) no later than Monday, May 04, 2015, 5:00 PM, in a Microsoft Word attachment with the corresponding solicitation number. Questions, if any, and responses will be posted on the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov) as an addendum to this solicitation

**BID BOND REQUIRED:** ☒ NO  
☐ YES

**PAYMENT AND PERFORMANCE BOND REQUIRED:** ☒ NO  
☐ YES

**SPECIFICATIONS AND PLANS:** ☐ NO  
☒ YES —————> See Electronic Solicitation Bidding Information.  
Click on the online active "D" link in the "info" column.

**Continued onto next page**



## INVITATION TO BID

**SOLICITATION TITLE:** Nursing Services, Dept. of Corrections  
**SOLICITATION NUMBER:** 7549482  
**BID PROPOSAL SUBMISSION DEADLINE:** May 4, 2015 at 11:30 AM

**RIVIP REGISTRATION:** Bidders must be registered vendors through the online Division of Purchases Rhode Island Vendor Information Program at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). To register or update information, click on "Vendor Center," then "Vendor Information" from the dropdown menu on the left.

**BIDDER CERTIFICATION COVER FORM:** Bidders must download (obtainable at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)), complete, and submit a Bidder Certification Cover Form with each bid proposal.

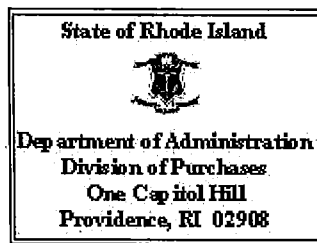
The State of Rhode Island through its, Department of Administration, Division of Purchases, is soliciting bid proposals to perform the work described in the plans and specifications dated attached CD For the Project in accordance with this solicitation.

Bidders are invited to submit bid proposals to the Division of Purchases by the bid proposal submission deadline.

This solicitation contains, and is subject to the terms and conditions of, the Invitation to Bid, Instructions to Bidders, Bid Preparation Checklist (with applicable forms), Agreement, General Conditions, any Supplemental Conditions, Specifications and Plans, Bidder Certification Cover Form, and Bid Form. The solicitation is available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

The award of the contract pursuant to this solicitation will be made to the responsive and responsible bidder with the lowest bid price. *The Division of Purchases reserves the right to waive any technicalities in the bid proposals, accept or reject any bid proposal, award a contract in the best interest of the State, or revoke any solicitation.*

**Continued onto next page**



## **INVITATION TO BID**

### **Electronic Solicitation Bidding Information**

#### **Downloading and Accessing Additional Electronic Solicitation Files**

Accessing electronic files on the purchasing website will require Adobe viewer. All bid solicitations that include a "D" in the "Info" column will require WinZip 8.1 software. The WinZip file may contain one or more files. These files may require additional software such as Microsoft Office.

Specifications that have a file for download are marked with a "D" in the "Info" field of the bid search results page located on the Purchasing website. The "D" will indicate an active link to the WinZip file until the bid reaches its opening date. Clicking on the active "D" link will allow you to open or save the WinZip file associated with the bid. Opening the WinZip file will offer you the option of saving to your local computer.

Once saved, you can open the WinZip file and view the files. The individual files can be saved to your computer in a location such as "Desktop" or "My Documents".

**Buyer Name: John F. O'Hara II, Title: Chief Buyer**

April 20, 2015

Bid #7549482

Effective Period: 7/1/15 – 6/30/18

Nursing Services – Department of Corrections

Instructions to Vendors for Submitting Price Quotes

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A Disk Based File is attached that includes an Excel Spreadsheet for submission of vendor quotes for each of the three years.

Please submit a DISC (CD) Copy of your Quotes in the same Excel format provided.

Bidders are instructed to submit pricing ONLY in Excel on the Disk Based Excel File. Please Do Not print the Spread Sheet(s) and manually enter pricing.

Once Disk Basked File is completed, submit an electronic version in Excel on a disk. And also submit a printed, hard copy, of your Excel disc.

**To summarize: Bidders will be submitting a disc (CD) copy of quotes in Excel format plus a hard (paper) copy of the Excel Request for Quote.**



# Request for Quote

Page 1 of 5

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
ONE CAPITOL HILL  
PROVIDENCE RI 02908

BUYER: Ohara 2nd, John F  
PHONE #: 401-574-8125

CREATION DATE : 09-APR-15  
BID NUMBER: 7549482  
TITLE: Nursing Services, Dept. of Corrections

BLANKET START : 01-JUL-15  
BLANKET END : 30-JUN-18  
BID CLOSING DATE AND TIME: 15-MAY-2015 11:30:00

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ONE CAPITOL HILL, 4TH FLOOR  
SMITH ST  
PROVIDENCE, RI 02908  
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DOC REHABILITATIVE SERVICES  
40 HOWARD AVE  
CRANSTON, RI 02920  
US

Requisition Number: 1407034

Line	Description	Quantity	Unit	Unit Price	Total
	<p>Blanket Requirement: July 1, 2015 - June 30, 2018.</p> <p>This Request for Quote is for the Department of Corrections only.</p> <p>ALL VENDORS, SUBMIT WITH YOUR BID, YOUR CERTIFICATE OF GOOD STANDING FROM THE DIVISION OF TAXATION. IF YOU ARE A LESASING COMPANY, YOU MUST INDICATE THIS WHEN APPLYING FOR A CERTIFICATE. IF YOU DO NOT HAVE A RECENT CERTIFICATE, GO TO WWW.TAX.RI.GOV AND CLICK ON FORMS, MISCELLANEOUS. IF CERTIFICATE OF GOOD STANDING IS NOT OBTAINABLE BEFORE THE BID OPENING, INCLUDE WITH YOUR BID A COPY OF YOUR CANCELLED CHECK AS WELL AS AN ESTIMATED DATE THE DIVISION OF PURCHASES CAN EXPECT IT.</p> <p>RN AND LPN SERVICES FOR THE INMATES OF THE RI DEPARTMENT OF CORRECTIONS ON AN AS-NEEDED BASIS PER THE ATTACHED SPECIFICATIONS.</p> <p>OVERTIME PAY - (1 1/2 TIMES AN HOUR) FOR NURSES WORKING MORE THAN FORTY (40) HOURS IN ONE WEEK .</p> <p>DOUBLE TIME (2 X AN HOUR) FOR HOLIDAYS</p> <p>UNBALANCED BIDDING MAY BE CAUSE FOR DISQUALIFICATION.</p> <p>AWARD WILL BE MADE TO THE LOWEST BIDDER BASED ON THE MONDAY TO FRIDAY AND WEEKEND PRICING.</p> <p>MALPRACTICE INSURANCE (\$1,000,000.00) INDIVIDUAL MINIMUM WORKERS COMPENSATION, HEALTH CARE INSURANCE TO BE THE RESPONSIBILITY OF THE PROVIDER.</p>				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



# Request for Quote

Page 2 of 5

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
ONE CAPITOL HILL  
PROVIDENCE RI 02908

CREATION DATE : 09-APR-15  
BID NUMBER: 7549482  
TITLE: Nursing Services, Dept. of Corrections

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BUYER: Ohara 2nd, John F  
PHONE #: 401-574-8125

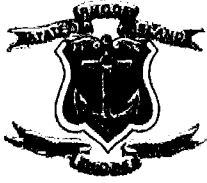
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DOC REHABILITATIVE SERVICES  
40 HOWARD AVE  
CRANSTON, RI 02920  
US

Requisition Number: 1407034

Line	Description	Quantity	Unit	Unit Price	Total
1	<p>DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS. NO EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, INSTRUCTIONS TO OBTAIN THE TABULATION OR SUMMARY OF BID RESPONSES WILL BE MADE AVAILABLE AT THE RI DIVISION OF PURCHASES WEBSITE AT WWW.PURCHASING.RI.GOV</p> <p>APA-11088 7/1/15 - 6/30/16 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT</p>	160.00	Hour		
2	APA-11088 7/1/16 - 6/30/17 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT	160.00	Hour		
3	APA-11088 7/1/15 - 6/30/16 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT	96.00	Hour		
4	APA-11088 7/1/16 - 6/30/17 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT	96.00	Hour		
5	APA-11088 7/1/15 - 6/30/16 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT	25.00	Hour		
6	APA-11088 7/1/16 - 6/30/17 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT	25.00	Hour		
7	APA-11088 7/1/15 - 6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT	25.00	Hour		
8	APA-11088 7/1/16 - 6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT	25.00	Hour		
9	APA-11088 7/1/15 - 6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT	64.00	Hour		
10	APA-11088 7/1/16 - 6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT	64.00	Hour		
11	APA-11088 7/1/15 - 6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT	25.00	Hour		

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DOC REHABILITATIVE SERVICES  
40 HOWARD AVE  
CRANSTON, RI 02920  
US

Requisition Number: 1407034

Line	Description	Quantity	Unit	Unit Price	Total
12	APA-11088 7/1/16 - 6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT	25.00	Hour		
13	APA-11088 7/1/15 - 6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT	908.00	Hour		
14	APA-11088 7/1/16 - 6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT	908.00	Hour		
15	APA-11088 7/1/15 - 6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT	632.00	Hour		
16	APA-11088 7/1/16 - 6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT	632.00	Hour		
17	APA-11088 7/1/15 - 6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT	25.00	Hour		
18	APA-11088 7/1/16 - 6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT	25.00	Hour		
19	APA-11088 7/1/15 - 6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT	380.00	Hour		
20	APA-11088 7/1/16 - 6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT	380.00	Hour		
21	APA-11088 7/1/15 - 6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT	516.00	Hour		
22	APA-11088 7/1/16 - 6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT	516.00	Hour		
23	APA-11088 7/1/15 - 6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT	25.00	Hour		
24	APA-11088 7/1/16 - 6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT	25.00	Hour		
25	APA-11088 7/1/15 - 6/30/17 LPN - HOLIDAY PAY PAID AT 2 TIMES REGULAR RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR HOLIDAY PAY ONLY (3617 HOURS)	0.00	Each		

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CRANSTON, RI 02920  
US

Requisition Number: 1407034

Line	Description	Quantity	Unit	Unit Price	Total
26	APA-11088 7/1/15 - 6/30/17 REGISTERED NURSE - HOLIDAY - PAID AT 2 TIMES THE REGULAR RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR HOLIDAY PAY ONLY (56617 HOURS)	0.00	Each		
27	APA-11088 7/1/15 - 6/30/17 LPN - OVERTIME - ALL SHIFTS PAID AT 1 1/2 TIMES HOURLY RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR OVERTIME ONLY (150 HOURS)	0.00	Each		
28	APA-11088 7/1/15 - 6/30/17 REGISTERED NURSE - OVERTIME ALL SHIFTS PAID AT 1 1/2 TIMES REGULAR RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR OVERTIME ONLY (1651 HOURS)	0.00	Each		
29	APA-11088 7/1/17 - 6/30/18 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT	160.00	Hour		
30	APA-11088 7/1/17 - 6/30/18 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT	96.00	Hour		
31	APA-11088 7/1/17 - 6/30/18 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT	25.00	Hour		
32	APA-11088 7/1/17 - 6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT	25.00	Hour		
33	APA-11088 7/1/17 - 6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT	64.00	Hour		
34	APA-11088 7/1/17 - 6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT	25.00	Hour		
35	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT	908.00	Hour		
36	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT	632.00	Hour		
37	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT	25.00	Hour		
38	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE -	380.00	Hour		

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Requisition Number: 1407034

Line	Description	Quantity	Unit	Unit Price	Total
	WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT				
39	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT	516.00	Hour		
40	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT	25.00	Hour		
41	APA-11088 7/1/17 - 6/30/18 LPN - HOLIDAY PAY PAID AT 2 TIMES REGULAR RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR HOLIDAY PAY ONLY (3617 HOURS)	0.00	Each		
42	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE - HOLIDAY - PAID AT 2 TIMES THE REGULAR RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR HOLIDAY PAY ONLY (56617 HOURS)	0.00	Each		
43	APA-11088 7/1/17 - 6/30/18 LPN - OVERTIME - ALL SHIFTS PAID AT 1 1/2 TIMES HOURLY RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR OVERTIME ONLY (150 HOURS)	0.00	Each		
44	APA-11088 7/1/17 - 6/30/18 REGISTERED NURSE - OVERTIME ALL SHIFTS PAID AT 1 1/2 TIMES REGULAR RATE - PAID AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE - THIS LINE MUST BE USED FOR OVERTIME ONLY (1651 HOURS)	0.00	Each		

Delivery: \_\_\_\_\_

Terms of Payment: \_\_\_\_\_

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## RHODE ISLAND DEPARTMENT OF CORRECTIONS



### NURSING SERVICES

#### Bid Specifications

Provision of RN and LPN level nursing services for inmates of the Rhode Island Department of Corrections on an as-needed basis. Contractor must have 24-hour emergency response capability. The plan will be submitted in writing and adhered to. Nurses will work full 8-hour shifts unless otherwise specified.

The agency must maintain a list of several active nurses who are available. **"The vendor will pay for the initial 16 hours of classroom training per pool nurses to be scheduled and administered by the RIDOC."** Failure to provide services upon request may result in the termination of the contract at the discretion of the RIDOC.

#### REGISTERED NURSE (RN)

##### Weekdays

Monday 7:00 AM – Friday 11:00 PM  
1<sup>st</sup> Shift, 7:00 AM to 3:00 PM  
2<sup>nd</sup> Shift 3:00 PM to 11:00 PM  
3<sup>rd</sup> Shift 11:00 PM to 7:00 AM

##### Weekends

Friday 11:00 PM – Sunday 11:00 PM  
1<sup>st</sup> Shift 7:00 AM to 3:00 PM  
2<sup>nd</sup> Shift 3:00 PM to 11:00 PM  
3<sup>rd</sup> Shift 11:00 PM to 7:00 AM

#### LICENSED PRACTICAL NURSE (LPN)

##### Weekdays

Monday 7:00 AM – Friday 11:00 PM  
1<sup>st</sup> Shift, 7:00 AM to 3:00 PM  
2<sup>nd</sup> Shift 3:00 PM to 11:00 PM  
3<sup>rd</sup> Shift 11:00 PM to 7:00 AM

##### Weekends

Friday 11:00 PM – Sunday 11:00 PM  
1<sup>st</sup> Shift 7:00 AM to 3:00 PM  
2<sup>nd</sup> Shift 3:00 PM to 11:00 PM  
3<sup>rd</sup> Shift 11:00 PM to 7:00 AM

#### HOLIDAY PAY @ 2.0 X AN HOUR

New Year's Eve	Memorial Day	Thanksgiving Eve
New Year's Day	Independence Day	Thanksgiving Day
Martin Luther King Day	Victory Day	Christmas Eve
President's Day	Labor Day	Christmas Day
Easter	Columbus Day	Mother's Day
Veteran's Day		

#### OVERTIME PAY

Time and one-half (1.5 X an hour) for nurses working more than forty (40) hours in one week or double time (2 X an hour) for holidays.

**Contract Terms and Conditions**

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## **Terms and Conditions**

### **BID STANDARD TERMS AND CONDITIONS**

#### **TERMS AND CONDITIONS FOR THIS BID**

#### **WAGE REQUIREMENTS**

BIDDERS ARE ADVISED THAT ALL PROVISIONS OF TITLE 37 CHAPTER 13 OF THE GENERAL LAWS OF RHODE ISLAND APPLY TO THE WORK COVERED BY THIS REQUEST, AND THAT PAYMENT OF THE GENERAL PREVAILING RATE OF PER DIEM WAGES AND THE GENERAL PREVAILING RATE FOR REGULAR, OVERTIME, AND OTHER WORKING CONDITIONS EXISTING IN THE LOCALITY FOR EACH CRAFT, MECHANIC, TEAMSTER, OR TYPE OF WORKMAN NEEDED TO EXECUTE THIS WORK IS A REQUIREMENT FOR BOTH CONTRACTORS AND SUBCONTRACTORS. THE PREVAILING WAGE TABLE MAY BE OBTAINED AT THE RI DIVISION OF PURCHASES HOME PAGE BY INTERNET at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). SELECT "BIDDING INFORMATION", THEN "GENERAL INFORMATION", AND THEN SELECT "PREVAILING WAGE TABLES". PRINTING THE ENTIRE DOCUMENT AVERAGES APPROXIMATELY ONE MINUTE PER PAGE - YOU MAY WANT TO PRINT ONLY THE PAGES APPLICABLE TO YOUR BID. BIDDERS NOTE: IN THE EVENT THIS BID SPECIFIES PRICE OFFERS ON A TIME-AND-MATERIALS BASIS, i.e., AN HOURLY RATE, ANY OR ALL BIDS SUBMITTED IN AN AMOUNT LESS THAN THE PREVAILING RATE IN EFFECT FOR THE WORK COVERED BY THIS REQUEST AS OF THE DATE OF BID ISSUANCE SHALL BE REJECTED BY THE DIVISION OF PURCHASES.

#### **RIVIP INFO - BID SUBMISSION REQUIREMENTS**

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MAILING ADDRESS FOR BID PROPOSALS ISSUED BY THE STATE OF RHODE ISLAND,  
DIVISION OF PURCHASES

All Bid Proposals must be submitted by mail or hand delivered to:

- State of Rhode Island
- Department of Administration
- Division of Purchases, Second floor
- One Capitol Hill
- Providence, RI 02908-5855

#### **DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:**

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

#### **PURCHASE AGREEMENT BID**

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price

will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. ORDERING (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:

All Bid Proposals must be submitted to the following address:

State of Rhode Island

Department of Administration

Division of Purchases, 2nd Floor

One Capitol Hill

Providence, RI 02908

### **LICENSE REQUIREMENTS**

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.

### **INSURANCE REQUIREMENTS**

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD: \* PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. \* BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. \* SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION. \* ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. \* VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION.

### **MULTI YEAR AWARD**

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL

FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

**READING VENDOR NAMES ONLY**

DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS. NO EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, INSTRUCTIONS TO OBTAIN THE TABULATION OR SUMMARY OF BID RESPONSES WILL BE MADE AVAILABLE AT THE RI DIVISION OF PURCHASES WEBSITE AT [WWW.PURCHASING.RI.GOV](http://WWW.PURCHASING.RI.GOV)

**DELIVERY PER AGENCY**

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.



State of Rhode Island  
Division of Purchases

Public Works  
Bid Preparation Checklist

**Date:** 4/20/2015

**Bid#:** 7549482

**Title:** Nursing Services, Dept. of Corrections

This checklist is provided to assist the bidder in preparing a bid proposal for submission. It is not a substitute for a thorough review of the Instruction to Bidders nor a comprehensive list of all bid proposal requirements. Each bidder is responsible to review the Instructions to Bidders and to comply with all requirements of the Solicitation.

**Bid Proposal Package:**

- ☒ RIVIP Bidder Certification Cover Form (completed) signed in ink
- ☒ Bid Form
  - All applicable blank spaces on the Bid Form have been completed
  - All Addenda have been acknowledged
  - Bid price printed legibly in ink (in both words and figures that match where specified)
  - Erasures or corrections have been initialed by person signing the Bid Form
  - Bid Form is signed in ink
- ☐ Bid Surety
  - Bid bond or certified check (for DOT projects, bid bond only)
  - Bid surety is five percent of the bid total (or such other specified amount)
  - Bid Bond is signed by the bidder and surety
  - Power of Attorney is attached to the Bid Bond showing the name of person who signed the surety bond
- ☐ Public Copy of bid proposal in pdf format on a read-only CD-R media disk
- ☐ General Contractor Apprenticeship Certification Form "2013-14" (for projects \$1,000,000 and greater) required at time of bid proposal submission

*Note: General Contractor Apprenticeship Re-Certification and Certification Form "2013-16" and Subcontractor Apprenticeship Certification Form "2013-15" are not required at time of bid proposal submission deadline.*

- ☒ Applicable professional licenses (as specified in the Solicitation)
- ☐ Rhode Island Contractor Registration Board No.
- ☒ All bid proposal documents in a sealed envelope with the specific Solicitation #, Solicitation title, and the bid proposal submission deadline marked in the upper left hand corner of the envelope
- ☒ Each bid proposal submitted in a separate sealed envelope
- ☒ Completed Form W-9
- ☒ Other: **Excel CD**

**Buyer Name:** John F. O'Hara II

**Contact Information:** 401-574-8125



State of Rhode Island  
**PAYER'S REQUEST FOR TAXPAYER  
 IDENTIFICATION NUMBER AND CERTIFICATION**

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

**Taxpayer Identification Number (T.I.N.)**

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(REMITTANCE ADDRESS, IF DIFFERENT) \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

**CERTIFICATION:** Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

**Certification Instructions** -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

**PLEASE SIGN HERE**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ TEL NO. \_\_\_\_\_

**BUSINESS DESIGNATION:**

Please Check One: Individual ☐ Medical Services Corporation ☐ Government/Nonprofit Corporation ☐  
 Partnership ☐ Corporation ☐ Trust/Estate ☐ Legal Services Corporation ☐

**NAME:** Be sure to enter your full and correct name as listed in the IRS file for you or your business.

**ADDRESS, CITY, STATE AND ZIP CODE:** Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

**CERTIFICATION** -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

**BUSINESS TYPE CHECK-OFF** -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908